

Atty. Dkt. No. 053466-0409 *AF/SP*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Osamu OKUDA et al.

Title: METHODS FOR TREATING
INTERLEUKIN-6 RELATED DISEASES

Appl. No.: 10/554,407

International 04/28/2004

Filing Date:

371(c) Date: 10/24/2005

Examiner: Prema Maria MERTZ

Art Unit: 1646

Confirmation 4578

Number:

AMENDMENT TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee required for additional claims is calculated below:

	Claims As Amended	Previously		Extra Claims Present		Rate	\$	Claims Fee
		-	Paid For	x	=			
Total Claims:	28	-	80	=	0	x	\$52.00	= \$0.00
Independent Claims:	6	-	15	=	0	x	\$220.00	= \$0.00
First presentation of any Multiple Dependent Claims:		+		\$390.00	=			\$0.00

CLAIMS FEE TOTAL	=	\$0.00
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[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$130.00	\$0.00
[] Extension for response filed within the second month:	\$490.00	\$0.00
[X] Extension for response filed within the third month:	\$1,110.00	\$1,110.00
[] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$1,110.00
[X] Notice of Appeal:	\$540.00	\$540.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,650.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$1,650.00

A credit card payment form in the amount of \$1,650.00 is enclosed.

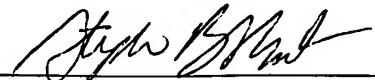
The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 2, 2008

By _____



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Stephen B. Maebius
 Attorney for Applicant
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